

Name of Debtor (if individual, enter Last, First, Middle): <b>INSTITUTO MEDICO DEL NORTE, INC.</b>		Name of Joint Debtor (Spouse) (Last, First, Middle):							
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): <b>CENTRO MEDICO WILMA N. VAZQUEZ</b> <b>HOSPITAL WILMA N. VAZQUEZ</b> <b>SKILL NURSING FACILITY OF CENTRO MEDICO WILMA N. VAZQUEZ</b>		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):							
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN(if more than one, state all): <b>66-0403210</b>		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN(if more than one, state all):							
Street Address of Debtor (No. & Street, City, and State): <b>Carr. #2 Km 39.5</b> <b>Vega Baja PR</b> ZIP CODE <b>00694</b>		Street Address of Joint Debtor (No. & Street, City, and State):							
County of Residence or of the Principal Place of Business: <b>VEGA BAJA</b>		County of Residence or of the Principal Place of Business:							
Mailing Address of Debtor (if different from street address): <b>PO Box 7001</b> <b>Vega Baja PR</b> ZIP CODE <b>00694</b>		Mailing Address of Joint Debtor (if different from street address):							
Location of Principal Assets of Business Debtor (if different from street address above):		ZIP CODE							
<b>Type of Debtor</b> (Form of Organization) (Check one box.)	<b>Nature of Business</b> (Check one box)		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box)						
	<input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other								
<b>Tax-Exempt Entity</b> (Check box, if applicable)		<b>Nature of Debts</b> (Check one box)							
<input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code.)		<input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.							
<b>Filing Fee</b> (Check one box)		<b>Chapter 11 Debtors</b>							
<input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b) See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<b>Check one box:</b> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000.  <b>Check all applicable boxes</b> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).							
<b>Statistical/Administrative Information</b>									
<input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.									
<b>THIS SPACE IS FOR COURT USE ONLY</b>									
<b>Estimated Number of Creditors</b>									
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
1- 49	50- 99	100- 199	200- 999	1,000- 5,000	5,001- 10,000	10,001- 25,000	25,001- 50,000	50,001- 100,000	Over 100,000
<b>Estimated Assets</b>									
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>									
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion
<b>Estimated Liabilities</b>									
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion

<b>Voluntary Petition</b> (This page must be completed and filed in every case)		Name of Debtor(s): <b>INSTITUTO MEDICO DEL NORTE, INC.</b>	
<b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet)			
Location Where Filed: <b>NONE</b>	Case Number:	Date Filed:	
Location Where Filed: <b>N.A.</b>	Case Number:	Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor: <b>NONE</b>	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<b>Exhibit A</b>  (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)		<b>Exhibit B</b>  (To be completed if debtor is an individual whose debts are primarily consumer debts)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b).	
<input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>X</b> _____	Signature of Attorney for Debtor(s) _____ Date _____
<b>Exhibit C</b>  Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?			
<input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.			
<input checked="" type="checkbox"/> No.			
<b>Exhibit D</b>  (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)			
<input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.			
If this is a joint petition:			
<input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)			
(Name of landlord that obtained judgment) _____			
(Address of landlord) _____			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

**Voluntary Petition**  
(This page must be completed and filed in every case)

Name of Debtor(s):  
**INSTITUTO MEDICO DEL NORTE, INC.**

**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X**

Signature of Debtor

**X**

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

**Signature of Attorney**

Signature of Attorney for Debtor(s)

**F. DAVID GODREAU ZAYAS 123207**

Printed Name of Attorney for Debtor(s)

Latimer, Biaggi, Rachid & Godreau LLP

Firm Name

PO Box 9022512

Address

San Juan PR 00902-2512(787)724-0230 dgodreau@lbglaw.com

Telephone Number

e-mail

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Signature of Authorized Individual

**ING. JOSE ORLANDO PABON**

Printed Name of Authorized Individual

**PRESIDENT**

Title of Authorized Individual

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 of title 11 are attached.

Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X**

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

(Date)

**Signature of Non-Attorney Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, (2) I prepared this document for compensation, and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. § 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

**X**

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.*

United States Bankruptcy Court

District of Puerto Rico

In re:

Case No.

Chapter

11

INSTITUTO MEDICO DEL NORTE, INC.

**STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION**

I, JOSE ORLANDO PABON, declare under penalty of perjury that I am the President of INSTITUTO MEDICO DEL NORTE, INC., a Corporation and that on the following resolution was duly adopted by the of this Corporation:

"Whereas, it is in the best interest of this Corporation to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that JOSE ORLANDO PABON, PRESIDENT of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a Chapter 11 voluntary bankruptcy case on behalf of the Corporation; and

Be It Further Resolved, that JOSE ORLANDO PABON, PRESIDENT of this Corporation, is authorized and directed to appear in all bankruptcy proceedings on behalf of the Corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the Corporation in connection with such bankruptcy case; and

Be It Further Resolved, that JOSE ORLANDO PABON, PRESIDENT of this Corporation, is authorized and directed to employ F. DAVID GODREAU ZAYAS, attorney and the law firm of LATIMER, BIAGGI, RACHID & GODREAU to represent the Corporation in such bankruptcy case."

Executed on:

10/29/2013

Signed:

JOSE ORLANDO PABON





# INSTITUTO MEDICO DEL NORTE, INC.

**HOSPITAL WILMA N. VAZQUEZ**  
Carr. Núm. 2, Km. 39.5, Apartado 7001  
Vega Baja, Puerto Rico 00694 • Tel. 858-1580

**IMN, INC.**

## Corporate Resolution

That in a meeting of shareholders which was notified in accordance with the Corporate By-Laws and which took place on October 21, 2013 it was decided that:

1. Instituto Medico del Norte was authorized to file a Chapter 11 Bankruptcy Case.
2. That Eng. José Orlando Pabón, President of the Hospital Board of Directors, was authorized to sign the Bankruptcy petition.

IN WITNESS WHEREOF, I have executed my name as Secretary and have here on to affixes the Corporate Seal of the above-name of Corporation, this 23 of October of 2013 in Vega Baja, Puerto Rico

Eduarda Pabón Torres, MD  
Secretary  
Instituto Médico del Norte, Inc.

## CORPORATE SEAL

United States Bankruptcy Court  
District of Puerto Rico

In re INSTITUTO MEDICO DEL NORTE, INC.

Case No. \_\_\_\_\_

Chapter 11

Debtor(s)

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ 20,000.00

Prior to the filing of this statement I have received ..... \$ 0.00

Balance Due ..... \$ 20,000.00

2. The source of compensation paid to me was:

Debtor  Other (specify)

3. The source of compensation to be paid to me is:

Debtor  Other (specify)

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

PARTNER \$175.00 PH

ASSOCIATES \$125.00PH

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in the bankruptcy proceeding.

0.00

Date

Signature of Attorney

Latimer, Biaggi, Rachid & Godreau LLP

Name of law firm

UNITED STATES BANKRUPTCY COURT  
District of Puerto Rico

In re INSTITUTO MEDICO DEL NORTE, INC.,  
Debtor

Case No. \_\_\_\_\_

Chapter 11 \_\_\_\_\_

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	<i>Amount of claim [if secured also state value of security]</i>
AEE PO BOX 1717 VEGA BAJA PR 00964				1,008,974.93
MARIA DE LOS ANGELES VAZQUEZ PO BOX 4422 VEGA BAJA PR 00694-4422				675,000.00
GE HEALTHCARE IITS LLC PO BOX 100930 ATLANTA, GA 303840930				670,002.20 Collateral FMV 15,000.00

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed or subject to setoff	Amount of claim [if secured also state value of security]
GE HEALTHCARE IITS LLC PO BOX 100930 ATLANTA, GA 30484-0930				655,000.20
J&M DEPOT INC. PO BOX 29427 SAN JUAN PR 00929-9427				521,790.00
BORSCHOW HOSPITAL & MEDICAL SUPPLIES PO BOX 366211 SAN JUAN PR 009036				373,235.52
TOP FINANCING CORP. PO BOX 195375 SAN JUAN PR 00919-5375				323,000.00
ALPHA BIOMEDICAL SERVICE PO BOX 670 TURABO AVE. #21 URB. BONN CAGUAS PR 00726				313,341.41
MCKESSON PO BOX 98347 CHICAGO, IL 606930001				256,559.45

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	<i>Amount of claim [if secured also state value of security]</i>
PERFECT SERVICE INC. 100 GRAND BOULEVARD LOS PASEOS 112 MCS 115 SAN JUAN PR 00926				202,664.38
BORSCHOW HOSPITAL & MEDICAL SUPPLIES INC. PO BOX 366211 SAN JUAN PR 00936				160,615.79
MARIA DE LOS ANGELES VAZQUEZ PO BOX 4422 VEGA BAJA PR 00694-4422				150,000.00
ADVANCED WOUND HEALING PO BOX 11023 SAN JUAN PR 00910			176,488.11 Collateral FMV 50,000.00	
MCAA RADIOLOGI SERVI. PSC PO BOX 370 CAGUAS PR 00726				95,574.83
BAXTER PO BOX 70257 SAN JUAN PR 00936-8257				82,370.06
ADVANCED WOUND HEALING PO BOX 11023 SAN JUAN OR 00910				76,515.51

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	<i>Amount of claim (if secured also state value of security)</i>
IMPERIAL CREDIT INSURANCE PO BOX 195375 SAN JUAN PR 00919-5375				74,360.35
DR. RAFAEL FELIX CALL BOS 7001 VEGA BAJA PR 00694-7001				70,000.00
PHILIPS MEDICAL SYSTEMS PR INC. 200 WINSTON CHURCHILL AVE. SUITE 302 SAN JUAN PR 00926				68,995.87
MCS LIFE INSURANCE CO. BANK TRUST PLAZA SUITE 1600 255 PONCE DE LEON AVE. SAN JUAN PR 00918				54,979.33

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, [the president or other officer or an authorized agent of the corporation] named as debtor in this case, declare under penalty of perjury that I have read the foregoing LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS and that it is true and correct to the best of my information and belief.

Date 10 - 30 - 2013

Signature   
ING. JOSE ORLANDO PABON,  
PRESIDENT